

AMENDED IN SENATE APRIL 17, 2007

AMENDED IN SENATE MARCH 29, 2007

SENATE BILL

No. 564

Introduced by Senator Ridley-Thomas
(Principal coauthor: Assembly Member Hayashi)

February 22, 2007

An act to amend Sections 124174 and 124174.2 of, and to add Section 124174.6 to, the Health and Safety Code, relating to child health.

LEGISLATIVE COUNSEL'S DIGEST

SB 564, as amended, Ridley-Thomas. Public School Health Center Support Program.

Existing law requires the State Department of Public Health, in cooperation with the State Department of Education, to establish a Public School Health Center Support Program to perform specified functions relating to the establishment, retention, or expansion of school health centers in California. Existing law, for purposes of those provisions, defines a "school health center" to mean a center or program that provides age-appropriate health care services at the program site or through referrals, and may be located on or at a local educational agency.

This bill would also specify that a "school health center" may conduct routine physical health, mental health, and oral health assessments, and provide for any services not offered onsite or through a referral process.

The bill would require that a school health center, in addition to clinical services, strive to provide a comprehensive set of services, including medical, oral health, mental health, health education, and related services, and meet specified requirements for the provision of those services, as prescribed. The bill would require the State

Department of Public Health, to the extent funds are appropriated to the department for implementation of the Public School Health Center Support Program, to establish a grant program to provide technical assistance, and funding for the expansion, renovation, and retrofitting of existing school health centers, and the development of new school health centers, in accordance with specified procedures.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the
2 following:
- 3 (a) (1) School health centers provide quality, age and
4 developmentally appropriate primary health care and other support
5 services on or near a public school campus.
- 6 (2) School health centers are primarily located in areas where
7 children are underserved, lack health insurance, and face significant
8 barriers to care.
- 9 (3) School health centers provide an optimal setting to promote
10 healthy lifestyles such as good nutrition and fitness and provide
11 preventive health care services such as obesity prevention to
12 children and families.
- 13 (4) School health centers increase access to care, reduce health
14 disparities and provide savings as a result of the reduced likelihood
15 that they will later require treatment for chronic long-term
16 conditions and reductions in costs related to inpatient, drug, and
17 emergency department use. *disparities and provide potential*
18 *savings through better preventive care and reduced emergency*
19 *department utilization, drug utilization, and inpatient treatment*
20 *services.*
- 21 (5) Children do better in school if they are healthy and have
22 received all of their immunizations and preventive annual exams.
- 23 (6) School health centers have proven to be particularly
24 important to the Latino population, with recent estimates showing
25 that approximately 49 percent of youth served at high school health
26 centers and 66 percent of children served at elementary school
27 health centers, are Latino.

1 (7) School health centers support educational achievement, help
2 increase attendance rates, and allow educational resources to be
3 more effectively targeted toward learning.

4 (8) The Governor has determined that there is a need to expand
5 the number of sites of school health centers as discussed in his
6 White Paper on School-Based Health Centers released in July
7 2006.

8 (b) It is the intent of the Legislature to support existing school
9 health centers and expand the number of health centers in
10 California, and that funds should be placed within the Public
11 School Health Center Support Program, as defined under Article
12 10 (commencing with Section 124174) of Chapter 3 of Part 2 of
13 Division 106 of the Health and Safety Code.

14 SEC. 2. Section 124174 of the Health and Safety Code is
15 amended to read:

16 124174. The following definitions shall govern the construction
17 of this article, unless the context requires otherwise:

18 (a) "Program" means a Public School Health Center Support
19 Program.

20 (b) "School health center" means a center or program, *located*
21 *at or near a local educational agency*, that provides age-appropriate
22 health care services at the program site or through referrals, ~~and~~
23 ~~may be located at a local educational agency~~. A school health
24 center may conduct routine physical, mental health, and oral health
25 assessments, and provide *referrals* for any services not offered
26 onsite ~~or through a referral process~~. A school health center may
27 serve two or more nonadjacent schools or local educational
28 agencies, ~~and shall serve all registered students regardless of a~~
29 ~~student's ability to pay for services~~. *agencies*.

30 (c) For purposes of this section, "local educational agency"
31 means a school, school district, charter school, or county office of
32 education if the county office of education serves students in
33 kindergarten, or any grades from 1 to 12, inclusive.

34 (d) "*Department*" means the *State Department of Public Health*.

35 SEC. 3. Section 124174.2 of the Health and Safety Code is
36 amended to read:

37 124174.2. (a) The department, in cooperation with the State
38 Department of Education, shall establish a Public School Health
39 Center Support Program.

(b) The program, in collaboration with the State Department of Education, shall perform the following program functions:

(1) Provide technical assistance to school health centers on effective outreach and enrollment strategies to identify children who are eligible for, but not enrolled in, the Medi-Cal program, the Healthy Families Program, or any other applicable program.

(2) Serve as a liaison between organizations within the department, including, but not limited to, ~~the Medi-Cal program,~~ prevention services, primary care, and family health.

(3) Serve as a liaison between other state entities, as appropriate, including, but not limited to, *the State Department of Health Care Services*, the State Department of Mental Health, the State Department of Alcohol and Drug Programs, the Department of Managed Health Care, the Office of Emergency Services, and the Managed Risk Medical Insurance Board.

(4) Provide technical assistance to facilitate and encourage the establishment, retention, or expansion of, school health centers. For purposes of this paragraph, technical assistance may include, but is not limited to, identifying available public and private sources of funding, which may include federal Medicaid funds, funds from third-party reimbursements, and available federal or foundation grant moneys.

(c) The department shall consult with interested parties and appropriate stakeholders, including the California School Health Centers Association and representatives of youth and parents, in carrying out its responsibilities under this article.

~~(d) A school health center funded pursuant to this article shall meet the following requirements:~~

~~(1) Strive to provide a comprehensive set of services including medical, oral health, mental health, health education, and related services in response to community needs.~~

~~(2) Provide primary health care services, which include all of the following:~~

~~(A) Physical examinations, immunizations, and other preventive medical services.~~

~~(B) Diagnosis and treatment of minor injuries and acute medical conditions.~~

~~(C) Management of chronic medical conditions; basic laboratory tests; and referrals to, and followup for, specialty care.~~

~~(D) Reproductive health services and nutrition services in response to community needs.~~

~~(3) Provide both of the following:~~

~~(A) Mental health services provided or supervised by a licensed professional which include: mental health assessments, crisis intervention, counseling, treatment, and referral to a continuum of services, including emergency psychiatric care, community support programs, inpatient care, and outpatient programs.~~

~~(B) Oral health services, which include preventive services, basic restorative services, and referral to specialty services.~~

~~(4) Work in partnership with the school nurse to provide individual and family health education, school or districtwide health promotion, first aid and administration of medications, facilitation of student enrollment in health insurance programs, screening of students to identify the need for physical health, mental health, and oral health services, referral and linkage to services not offered onsite, public health and disease surveillance, and emergency response procedures.~~

~~(5) Be organized through school, community, and health provider relationships governed by a written contract or memorandum of understanding to ensure coordination of services, protection of confidentiality, and integration of services into the school environment.~~

~~(6) Serve all students in the school regardless of ability to pay.~~

~~(7) Be open during all normal school hours, before or after school, or on a more limited basis, if dictated by community needs or resources.~~

~~(8) Ensure that transportation does not present a barrier to accessing services if the health center is not located on school district property.~~

SEC. 4. Section 124174.6 is added to the Health and Safety Code, to read:

124174.6. The department shall establish a grant program *within the Public School Health Center Support Program* to provide technical assistance, and funding for the expansion, renovation, and retrofitting of existing school health centers, and the development of new school health centers, in accordance with the following procedures *and requirements*:

1 (a) A school health center receiving grant funds pursuant to
2 this section shall meet or have a plan to meet the following
3 requirements:

4 (1) Strive to provide a comprehensive set of services including
5 medical, oral health, mental health, health education, and related
6 services in response to community needs.

7 (2) Provide primary and other health care services, which may
8 include all of the following:

9 (A) Physical examinations, immunizations, and other preventive
10 medical services.

11 (B) Diagnosis and treatment of minor injuries and acute medical
12 conditions.

13 (C) Management of chronic medical conditions.

14 (D) Basic laboratory tests.

15 (E) Referrals to and follow up for specialty care.

16 (F) Reproductive health services.

17 (G) Nutrition services.

18 (H) Mental health services provided or supervised by a licensed
19 professional that include: mental health assessments, crisis
20 intervention, counseling, treatment, and referral to a continuum
21 of services including emergency psychiatric care, community
22 support programs, inpatient care, and outpatient programs.

23 (I) Oral health services that include preventive services, basic
24 restorative services, and referral to specialty services.

25 (3) Work in partnership with the school nurse, if one is employed
26 by the school or school district, to provide individual and family
27 health education; school or districtwide health promotion; first
28 aid and administration of medications; facilitation of student
29 enrollment in health insurance programs; screening of students
30 to identify the need for physical, mental health, and oral health
31 services; referral and linkage to services not offered onsite; public
32 health and disease surveillance; and emergency response
33 procedures.

34 (4) Have a written contract or memorandum of understanding
35 between the school district and the health care provider or any
36 other community providers that ensures coordination of services,
37 protection of confidentiality, and integration of services into the
38 school environment.

39 (5) Serve all registered students in the school regardless of
40 ability to pay.

1 (6) *Be open during all normal school hours, or on a more limited*
2 *basis if resources are not available, or on a more expansive basis*
3 *if dictated by community needs and resources are available.*

4 (7) *Facilitate transportation between the school and the health*
5 *center if the health center is not located on school or school district*
6 *property.*

7 ~~(a)~~

8 (b) Planning grants shall be available in amounts between
9 twenty-five thousand dollars (\$25,000) and fifty thousand dollars
10 (\$50,000) for a 6- to 12-month period to be used for the costs
11 associated with assessing the need for a school health center in a
12 particular community or area, and developing the partnerships
13 necessary for the operation of a school health center in that
14 community or area. Applicants for planning grants shall be required
15 to have a letter of interest from a school or district if the applicant
16 is not a local education agency. Grantees provided funding pursuant
17 to this subdivision shall be required to do all of the following:

18 (1) Seek input from students, parents, school nurses, school
19 staff and administration, local health providers, and if applicable,
20 special population groups, on community health needs, barriers to
21 health care and the need for a school health center.

22 (2) Collect data on the school and community to estimate the
23 percentage of students that lack health insurance and the percentage
24 that are eligible for Medi-Cal benefits, or other public programs
25 providing free or low-cost health services.

26 (3) Assess capacity and interest among ~~medical~~ *health care*
27 *providers* in the community to provide services in a school health
28 center.

29 (4) Assess the need for specific cultural or linguistic services
30 or both.

31 ~~(b)~~

32 (c) Facilities and startup grants shall be available in amounts
33 between twenty thousand dollars (\$20,000) and two hundred fifty
34 thousand dollars (\$250,000) per year for a three-year period for
35 the purpose of establishing a school health center, with the potential
36 addition of one hundred thousand dollars (\$100,000) in the first
37 year for facilities construction, purchase, or renovation. Grant
38 funds may be used to cover a portion *or all* of the costs associated
39 with *designing*, retrofitting, renovating, constructing, or buying
40 ~~and designing~~ a facility, for medical equipment and supplies for

1 a school health center, or for personnel costs at a school health
2 center. ~~Prioritization~~ *Preference* will be given to proposals that
3 ~~share facilities construction and renovation costs between~~ *include*
4 *a plan for cost sharing among* schools, health providers, and
5 community organizations *for facilities construction and renovation*
6 *costs*. Applicants for facilities and startup grants offered pursuant
7 to this subdivision shall be required to meet the following criteria:

8 (1) Have completed a community assessment determining the
9 need for a school health center.

10 (2) Have a contract or memorandum of understanding between
11 the school district and the health care provider, if other than the
12 district, and any other provider agencies describing the relationship
13 between the district and the school health center.

14 ~~(3) Have a licensed facility fully equipped to provide medical~~
15 ~~services.~~

16 ~~(4)~~

17 (3) Have a mechanism, described in writing, to coordinate
18 services to individual students among school and school health
19 center staff while maintaining confidentiality under state and
20 federal law.

21 ~~(5)~~

22 (4) Have a written description of how the school health center
23 will participate in the following:

24 (A) School and districtwide health promotion, coordinated
25 school health, health education in the classroom or on campus,
26 program/activities that address nutrition, fitness, or other important
27 public health issues, or promotion of policies that create a healthy
28 school environment.

29 (B) Outreach and enrollment of students in health insurance
30 programs.

31 (C) Public health prevention, surveillance, and emergency
32 response for the school population.

33 ~~(6)~~

34 (5) Have the ability to provide the linguistic or cultural services
35 needed by the community. If the school health center is not yet
36 able to provide these services due to resource limitations, the school
37 health center shall engage in an ongoing assessment of their
38 capacity to provide these services.

39 ~~(7)~~

1 (6) Have a plan for maximizing available third-party
2 reimbursement revenue streams.

3 (e)

4 (d) Sustainability grants shall be available in amounts between
5 twenty-five thousand dollars (\$25,000) and one hundred
6 twenty-five thousand dollars (\$125,000) per year for a three-year
7 period for the purpose of operating a school health center, or
8 enhancing programming at a fully operational school health center,
9 including oral health or mental health services. Applicants for
10 sustainability grants offered pursuant to this subdivision shall be
11 required to meet all of the criteria described in subdivision ~~(b)~~ (c),
12 in addition to both of the following criteria:

13 (1) The applicant shall be eligible to become or already be an
14 approved Medi-Cal provider.

15 (2) The applicant shall have ability and procedures in place for
16 billing public insurance programs and managed care providers.

17 ~~(d)~~

18 ~~(e) The department shall also make technical assistance grants~~
19 ~~available to award technical assistance grants through a~~
20 ~~competitive bidding process to qualified contractors to support~~
21 ~~grantees receiving grants under subdivisions (a), (b), and (c).~~
22 ~~Technical assistance grants may be used for contracts with outside~~
23 ~~vendors (b), (c), and (d). A qualified contractor means a vendor~~
24 ~~with demonstrated capacity in all aspects of planning, facilities~~
25 ~~development, startup, and operation of a school health center.~~
26 ~~Technical assistance grants shall be awarded through a competitive~~
27 ~~bidding process.~~

28 (e)

29 (f) The department shall also develop a request for proposal
30 (RFP) process for collecting information on applicants, and
31 determining which proposals shall receive grant funding. The
32 department shall ~~consider all of the following criteria, with give~~
33 ~~preference for grant funding to be given to the following schools:~~

34 (1) Schools with medically underserved populations.

35 (2) Schools with a high percentage of low-income and uninsured
36 children and youth.

37 (3) Schools with large numbers of limited English proficient
38 (LEP) students.

39 (4) Low-performing schools with Academic Performance Index
40 (API) rankings in the lowest 5 percent of the state.

- 1 ~~(f)~~
2 (g) Moneys shall be allocated annually for evaluation to be
3 conducted by an outside evaluator that is selected through a
4 competitive bidding process. The evaluation shall document the
5 number of grantees that establish and sustain school health centers,
6 and describe the challenges and lessons learned in creating
7 successful school health centers. The evaluator shall *use data*
8 *collected pursuant to Section 124174.3, if it is available, and work*
9 *in collaboration with, and using data collected by, the Public School*
10 *Health Center Support Program.*
11 ~~(g)~~
12 (h) This section shall be implemented only to the extent that
13 funds are appropriated to the department in the annual Budget Act
14 or other statute for implementation of this article.